



**worldministry**  
**FELLOWSHIP**

Thank you for your interest in joining our great Fellowship. The following is a checklist for the requirements necessary to process this application.

- Enclose a current photograph of yourself
- Details concerning marriage status (if applicable).
- Letter of recommendation from a WMF member, if you know one.
- Letter of recommendation from your Pastor.
- \$40.00 application fee (non-refundable).
- Explanation of felony conviction (if applicable).
- Explanation of military discharge if other than honorable.
- Copy of your present ordination certificate, if applying for recognition/transfer of ordination.
- Enclose a statement in regard to your call to the ministry.

Upon receipt of your application and the necessary requirements listed above, we will be in contact with you to schedule an interview with one of our State Directors or Ordained Ministers.

You may also scan and email your application to [wmf@worldministry.com](mailto:wmf@worldministry.com).

If you have any questions, please do not hesitate to contact the office at the number below.

Blessings,

A handwritten signature in black ink that reads "Tim McKittrick".

Tim McKittrick, D.Min.  
Executive Director



# Membership Application

Type of Credentials you are seeking:

**License      Ordination      Recognition/Transfer of Ordination**

Please print or type the information below. All explanations can be made on a separate sheet of paper.

**Personal**

Full Name \_\_\_\_\_ Preferred "Goes By" Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_ Email \_\_\_\_\_  
 Marital Status      Married      Single      Widowed      Divorced      Separated (If divorced or separated, please explain.)  
 Spouse's Name \_\_\_\_\_ Number of Children \_\_\_\_\_  
 Are you secularly employed?      Yes      No      If yes, position held? \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Have you served in the Armed Forces?      Yes      No (If other than honorable discharge, please explain.)  
 Have you ever been convicted of a felony?      Yes      No (If yes, please explain.)  
 What is the highest level of education attained?      High School      College      Post College

**Ministry/Calling**

Give a statement of your faith. \_\_\_\_\_  
 \_\_\_\_\_  
 Date of Salvation \_\_\_\_\_ Date of Water Baptism \_\_\_\_\_  
 Are you baptized in the Holy Spirit with the evidence of speaking in tongues?      Yes      No  
 What area of ministry do you feel God has called you to? \_\_\_\_\_  
 \_\_\_\_\_  
 Present ministry responsibilities:  
                  Pastor      Missionary      Evangelism      Youth/Children      Music      Other  
 Give a brief explanation of your present ministry. \_\_\_\_\_  
 \_\_\_\_\_  
 Name of your home church \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Pastor's Name \_\_\_\_\_ Pastor's Phone \_\_\_\_\_

**Complete if Seeking License**

Are you presently a Licensed minister?      Yes      No  
 If yes, by whom? \_\_\_\_\_  
 Date of License \_\_\_\_\_ Have you ever had your credentials withdrawn?      Yes      No  
 If yes, when and for what reason? \_\_\_\_\_  
 Why do you desire to be licensed by World Ministry Fellowship? \_\_\_\_\_  
 Name of member(s)\* of World Ministry Fellowship with whom you are acquainted? \_\_\_\_\_  
 \_\_\_\_\_

*\*Ask one of these members to send a letter of recommendation to WMF on your behalf. If you are not acquainted with someone in WMF, state that in the above blank and be sure that you have a pastor's recommendation.*

I understand that I am required to make quarterly reports during the first year, and then an annual report at renewal time each year thereafter.      Yes      No  
 I understand that I will be placed under the oversight of an ordained WMF minister.      Yes      No  
 I understand that I am expected to attend at least one Convocation before applying for ordination.      Yes      No

Complete for Ordination/Recog. of Ordination

WMF Licensed Ministers Seeking Ordination:

How long have you been licensed with WMF? \_\_\_\_\_ Who is your Oversight Minister? \_\_\_\_\_

Are you in full time ministry?      Yes      No

Why do you desire to be ordained with WMF? \_\_\_\_\_

I have attended at least one Convocation during my licensing period.      Yes      No

*Please ask your Pastor or Oversight minister to send a letter of recommendation to WMF on your behalf.*

Recognition/Transfer of Ordination:

How long have you been in the ministry? \_\_\_\_\_ Are you in ministry full time?      Yes      No

When were you Ordained? \_\_\_\_\_

Why do you desire to be ordained with WMF? \_\_\_\_\_

Give name and address of organization(s) with whom you have/had credentials \_\_\_\_\_

*Please attach a copy of your Ordination certificate.*

Have you ever had your credentials withdrawn?      Yes      No      If yes, why? \_\_\_\_\_

Name of member(s) of World Ministry Fellowship with whom you are acquainted? \_\_\_\_\_

*Please ask a WMF member and, if possible, another ministry peer for letters of recommendation to WMF.*

Stewardship

- |   |     |    |
|---|-----|----|
| I understand that I am expected to attend the Annual Convocation of WMF.                        | Yes | No |
| I will support the ministry of WMF with my prayers.   | Yes | No |
| I understand that I am required to support WMF with monthly dues of \$30.00.                    | Yes | No |
| I understand there is an annual Credential Renewal Fee of \$40.00.                              | Yes | No |
| My home is in order according to 1 Timothy 3:1-7.   | Yes | No |
| My spouse is in total agreement with the call and performance of my ministry.                   | Yes | No |
| I hereby certify that the above questions are answered to the best of my ability and knowledge. | Yes | No |

Statement of Truth

*I understand that all items submitted to WMF as part of the application process become the permanent property of WMF and will not be returned.*

*This application will be held in confidence. Only those persons with a need to know will review it. I grant WMF and its leadership permission to verify the information provided on this application and all membership requirements.*

*I hereby state that all the information and all correspondence with WMF is correct and true. If WMF is notified that any of the information contained on this application is false, it will be grounds for immediate cancellation of the application procedure and/or revocation of membership.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Date